| Fill in this information to identify   | your case:  |  |  |  |  |                      |  |  |  |  |
|--|---|--|--|--|--|----------------------|--|--|--|--|
| Debtor 1 Christophe  | er S. Friend  | C  | heck if this is:   |  |  |                      |  |  |  |  |
|  |   |  | Check if this is:  An amended filing   |  |  |                      |  |  |  |  |
| Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA |   |  | An amerided litting  A supplement showing postpetition chapter 13 expenses as of the following date:  MM / DD / YYYY |  |  |                      |  |  |  |  |
|  |   |  |  |  |  | Case number 18-10491 |  |  |  |  |
|  |   |  |  |  |  | f known)             |  |  |  |  |
| Official Form 106J   |   |  |  |  |  |                      |  |  |  |  |
| Schedule J: Your   | Expenses  |  |  |  |  |                      |  |  |  |  |
| Be as complete and accurate a<br>nformation. If more space is n  | is possible. If two married people a                                      | are filing together, both are ed                               | qually responsible fo  | 12<br>or supplying correct   |  |                      |  |  |  |  |
| number (if known). Answer ev   | ery question.   | iomi. On the top of any addi                                   | tional pages, write y  | our name and case  |  |                      |  |  |  |  |
| Part 1: Describe Your Hous Is this a joint case?   | ehold   |  |  |  |  |                      |  |  |  |  |
| ■ No. Go to line 2.  |   |  |  |  |  |                      |  |  |  |  |
|  | in a separate household?  |  |  |  |  |                      |  |  |  |  |
| □ No   |   |  |  |  |  |                      |  |  |  |  |
|  | st file Official Form 106 L 3   | - f- :: 0  | •  |  |  |                      |  |  |  |  |
| Do you have 1  | st file Official Form 106J-2, Expense                                     | s <i>tor Separate Household</i> of De                          | ebtor 2.   |  |  |                      |  |  |  |  |
| Do you have dependents?  | □ No  |  |  |  |  |                      |  |  |  |  |
| Do not list Debtor 1 and Debtor 2.   | ■ Yes. Fill out this information for each dependent                       | Dependent's relationship to<br>Debtor 1 or Debtor 2            | Dependent's age  | Does dependent<br>live with you?   |  |                      |  |  |  |  |
| Do not state the   |   |  |  |  |  |                      |  |  |  |  |
| dependents names.  |   | Daughter   | 12   | □ No   |  |                      |  |  |  |  |
|  |   |  | - 14   | Yes  |  |                      |  |  |  |  |
|  |   | Son  | 46   | □ No   |  |                      |  |  |  |  |
|  |   |  | 16   | Yes  |  |                      |  |  |  |  |
|  |   | Daughter   | 40   | □ No   |  |                      |  |  |  |  |
|  |   | Daugniei   | 19   | ■ Yes  |  |                      |  |  |  |  |
|  |   |  |  | □ No   |  |                      |  |  |  |  |
| Do your expenses include   | . No  |  |  | ☐ Yes  |  |                      |  |  |  |  |
| expenses of people other t   | han   |  |  |  |  |                      |  |  |  |  |
| yourself and your depende  | nts? Lifes  |  |  |  |  |                      |  |  |  |  |
| rt 2: Estimate Your Ongoi  | ng Monthly Expenses   |  |  |  |  |                      |  |  |  |  |
| timate vour expenses as of w   | Aur hankminter fillion 1 4  | OH are noise 45:- f  |  |  |  |                      |  |  |  |  |
| penses as of a date after the  | bankruptcy filing date unless y<br>bankruptcy is filed. If this is a supp | ou are using this form as a st<br>lemental Schedule / chock to | upplement in a Chap  | ter 13 case to report  |  |                      |  |  |  |  |
| plicable date.   |   | Jones de Schedule J, Check t                                   | ne box at the top of   | the form and fill in the   |  |                      |  |  |  |  |
| lude expenses paid for with  | non-cash government assistance if   |  |  |  |  |                      |  |  |  |  |
|  | d have included it on Schedule I: Y                                       | you know   |  |  |  |                      |  |  |  |  |
| ficial Form 106l.)   | in our our edule i. I   | our income   | Your exper   | le constant de la con |  |                      |  |  |  |  |
|  |   |  |  | 1305   |  |                      |  |  |  |  |
| The rental or home owners  | hip expenses for your residence. In                                       | clude first mortgage   |  |  |  |                      |  |  |  |  |
| payments and any rent for the  | ground or lot.  | 4. \$  | \$   | 1,563.00   |  |                      |  |  |  |  |
| If not included in line 4:   |   | •  |  |  |  |                      |  |  |  |  |
| 4a. Real estate taxes  |   |  |  |  |  |                      |  |  |  |  |
| 4b. Property, homeowner's  | . Or renter's insurance   | 4a. \$   |  | 0.00   |  |                      |  |  |  |  |
| 4c. Home maintenance, re   | pair, and upkeep expenses   | 4b. \$   |  | 0.00   |  |                      |  |  |  |  |
| 4d. Homeowner's associati  | on or condominium dues  | 4c. \$   |  | 0.00   |  |                      |  |  |  |  |
| Additional mortgage payme  | nts for your residence, such as hon                                       | 4d. \$   |  | 46.66  |  |                      |  |  |  |  |
|  | Jour residence, such as hon   | ne equity loans 5. \$  |  | 0.00   |  |                      |  |  |  |  |

## 

| De  | btor 1 | Christo                       | pher S. Friend   | Case nu        | mber (if known)                               | 18-10491                    |
|-----|--------|-------------------------------|--|----------------|---|-----------------------------|
| 6.  | IJŧil  | lities:                       |  |                | <b>(</b> ************************************ | 10-10-10                    |
| ٥.  | 6a.    |                               | y, heat, natural gas   |                | *   |                             |
|     | 6b.    | Water s                       | ewer, garbage collection   | 6a             |   | 180.00                      |
|     | 6c.    | Telephoi                      | ne, cell phone, Internet, satellite, and cable services  | 6b             |   | 50.00                       |
|     | 6d.    | Other, S                      | pecify.  |                | . \$  | 50.00                       |
| 7.  | Foo    |                               | sekeeping supplies   | 6d             |   | 0.00                        |
| 8.  | Chil   | Idcare and                    | children's education costs   | . 7            |   | 155.00                      |
| 9.  | Clo    | thing, laun                   | dry, and dry cleaning  | 8              | ·   | 0.00                        |
| 10. | Pers   | sonal care                    | products and services  | 9              |   | 15.00                       |
| 11. | Med    | dical and d                   | ental expenses   | 10             | •   | 25.00                       |
| 12. | Trai   | nsportation                   | n. Include gas, maintenance, bus or train fare.  | , 11           | . \$  | 0.00                        |
|     | DO I   | not include                   | Car payments.  | 12             | . \$  | 100.00                      |
| 13. | Ente   | ertainment                    | , clubs, recreation, newspapers, magazines, and books  | 13             |   |                             |
| 14. | Cna    | iritable con                  | ntributions and religious donations  | 14             |   | 0.00                        |
| 15. |        | ırance.                       |  | • •            | Ψ   | 0.00                        |
|     | 152    | not include i<br>. Life insur | insurance deducted from your pay or included in lines 4 or 20.   |                |   |                             |
|     |        | . Health in                   |  | 15a.           | . \$  | 0.00                        |
|     |        | Vehicle in                    |  | 15b.           | \$  | 0.00                        |
|     |        |                               | urance. Specify:   | 15c.           | \$  | 146.00                      |
| 16. | Taxe   | es Donoti                     | nolude toyon deducted for  | 15d.           | \$  | 0.00                        |
|     | Spe    | cify:                         | nclude taxes deducted from your pay or included in lines 4 or 20.  |                | _   |                             |
| 17. | Inst   | allment or                    | lease payments:  | 16.            | \$  | 0.00                        |
|     | 17a.   | . Car paym                    | nents for Vehicle 1  | 17a.           | <b>c</b>                                      |                             |
|     | 17b.   | Car paym                      | nents for Vehicle 2  | 17a.<br>17b.   |   | 0.00                        |
|     |        | Other. Sp                     |  | 17b.           | · ·   | 0.00                        |
|     | 17d.   | Other. Sp                     | pecify:  | 474            |   | 0.00                        |
| 18. | You    | r payments                    | of alimony, maintenance, and support that you did not report   |                | Ψ   | 0.00                        |
|     | ucu    | uctea mom                     | Your Day on line 5. Schedule I. Your Income (Official Comm. 400  | 18.            | \$  | 0.00                        |
| 10. | Spec   | rifu.                         | s you make to support others who do not live with you.   |                | \$  | 0.00                        |
| 20. | Othe   | er real pror                  | perty expenses not included in lines 4 or 5 of this form or on So  | 19.            |   |                             |
|     | 20a.   | Mortgage                      | s on other property  | chedule I: Yo  | our Income.                                   |                             |
|     | 20b.   | Real esta                     | te taxes   | 20a.           |   | 0.00                        |
|     |        |                               | homeowner's, or renter's insurance   | 20b.           |   | 0.00                        |
|     | 20d.   | Maintena                      | nce, repair, and upkeep expenses   | 20c.           |   | 0.00                        |
|     | 20e.   | Homeowr                       | ner's association or condominium dues  | 20d.           | *   | 0.00                        |
| 21. | Othe   | r: Specify:                   | and a second sec | 20e.           | -   | 0.00                        |
|     |        |                               | 41   | 21.            | +\$   | 0.00                        |
| 22. | 222    | Add lines 4                   | monthly expenses<br>through 21.  |                |   |                             |
|     |        |                               |  |                | \$  | 2,330.66                    |
|     | 220.   | Add the Co                    | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-  | 2              | \$  |                             |
|     | 220.   | Add line 22                   | a and 22b. The result is your monthly expenses.  |                | \$  | 2,330.66                    |
| 23. | Calc   | ulate your                    | monthly net income.  |                |   | 2,000.00                    |
|     | 23a.   | Copy line                     | 12 (your combined monthly income) from Schedule I.   | 23a.           | ø   |                             |
|     | 23b.   | Copy your                     | monthly expenses from line 22c above.  | 23a.<br>23b.   |   | 3,274.48                    |
|     |        |                               |  | 200.           | -ψ  | 2,330.66                    |
|     | 23c.   | Subtract y                    | our monthly expenses from your monthly income.   |                |   |                             |
|     |        | i ne result                   | is your monthly net income.  | 23c.           | \$  | 943.82                      |
| 24. | Do ve  | ou expect :                   | an increase or decrease in your expenses within the year after   | <b></b>        | _   |                             |
|     |        |                               |  | you file this  | form?   |                             |
|     | _      |                               | terms of your mortgage?  | our mortgage p | ayment to increas                             | se or decrease because of a |
|     | ■ No   |                               |  |                |   |                             |
|     | ☐ Ye   | es.                           | Explain here:  |                |   |                             |